

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041380

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10455

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>PINE LAWN</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>De Paul</u>		d. STREET ADDRESS (If outside, give location) <u>5640 MYRON</u>	
3. NAME OF DECEASED (Type or print) <u>Ruth Louise Dodson</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-18-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>James C. Dodson</u>		11b. MOTHER'S MAIDEN NAME <u>Ruth Louise Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>James C. Dodson</u>		Address <u>4453 Myron Ave</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PREMATURITY</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>HYALINE MEMBRANE DISEASE</u> DUE TO (c) <u>773.5</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour <u>3:15</u> a.m. <u>AM</u> Month, Day, Year <u>10/18</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u>		
21. I attended the deceased from <u>10/18</u> to <u>10/19</u> and last saw her alive on <u>10/18</u> Death occurred at <u>3:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>10/19</u>	
22a. SIGNATURE <u>Harold J. Primmer M.D.</u>	22b. ADDRESS <u>Northland Medical Bldg</u>		22c. DATE SIGNED <u>10/19</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-24-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	23d. LOCATION (City, town, or county) <u>St. Louis County Mo.</u>
24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. 1926 ST. LOUIS AVE</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 24 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

NOT EMBALMED

Beiderweide Funeral Home

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.